



The Country Doctor

A Norman Rockwell Classic Figurine

"The Country Doctor" is an authentic figurine inspired by the original Norman Rockwell classic. This edition is crafted of the finest bisque porcelain and each is individually painted by hand.

Size 5" long \times 5½" high \times 3¾" wide. Price \$65 each, plus \$2 shipping and handling.

Romaine Pierson Publishers, Inc.
Dept. MTO

80 Shore Road
Port Washington, N. Y. 11050

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eliminated, if feasible.

Local wound care can be standardized. Maintain a moist environment because recently debrided wounds are prone to dessication. Use something with an agreeable odor that inhibits bacteria but does not discolor or damage fragile living tissue. I prefer dilute sodium hydrochlorite (Dakin's solution), which can be made very inexpensively: 1 oz Clorox[®] in 7 oz of balanced salt solution. Dampen but do not soak a gauze pad and apply it to the wound surface. Cover with a dry dressing. Change dressings three times daily; dampen gauze again at time of removal to avoid pain. The "wet-to-dry" dressing is both unnecessary and cruel. No alert, reasonable patient will comply with instructions to remove a dry gauze from a sensitive, granulating surface. I recommend the more humane "wet-to-wet" dressing, which is also comparable with natural mechanisms of wound healing.

Which Wounds Will Heal?

Only three mechanisms exist for achieving wound closure (total healing). Two of them are natural biologic processes: epithelial migration and wound contraction. The third is interceptive surgical closure by skin graft or skin flap.

Stable wounds always will seek to close themselves by natural means. Epithelium begins to migrate from the edge over a healthy granulating surface. At the same time, the open wound surface begins to shrink or contract. This is an active, progressive, and power-

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tive of a specialized cellular function, specifically the contractile fibroblast, also known as the myofibroblast, which is present in large numbers in open granulating wounds.

These biologic phenomena are very slow processes and will be sufficient for only the smallest wounds. Therefore, surgical intervention is necessary for closing most chronic wounds. However, a majority of patients with degenerative or debilitating illnesses are not good risks for any formal surgical endeavor.

Wound Stability—A Worthy Goal

For many patients with chronic problem wounds, stabilization is a universal and immediate need. For most of these patients, wound stabilization is the only practical goal because the source of the wound cannot be eliminated and surgical